
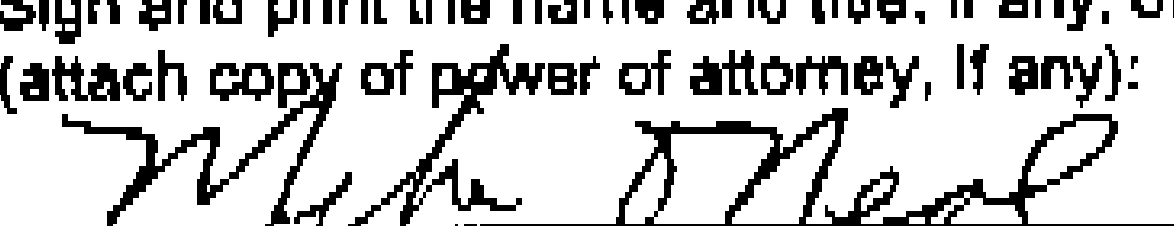


United States Bankruptcy Court
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box
(Houston Division)

PROOF OF CLAIM

Name of Debtors <input checked="" type="checkbox"/> Stage Stores, Inc., a Delaware corporation <input type="checkbox"/> Specialty Retailers, Inc., a Texas corporation <input type="checkbox"/> Specialty Retailers, Inc. (NV), a Nevada corporation *place an "x" beside the name of the Debtor you are filing a claim against		Case Number 00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	Creditor ID#: 788-64723 <div style="text-align: center;"> United States District Court Southern District of Texas AUG 14 2000 Michael N. Milby, Clerk </div>
Name of Creditor (The person or other entity to whom the debtor owes money or property): Western Air Conditioning Inc,	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.		
Name and address where notices should be sent: *****AUTO**3-DIGIT 788 Western Air Conditioning Inc, 3800 W Highway 90 Del Rio TX 78840-2859 	Check box if you have never received any notices from the bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by the court.		
Account or other number by which creditor identifies debtor:		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2. Date debt was incurred: 4/10/00, 4/19/00, 5/17/00		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 3,753.89 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other All personal and intangible property of Debtor's Estate Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a-____). *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space Is for Court Use Only <div style="font-size: 2em; text-align: center;">001374</div>	
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date 08/08/00	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):  MIKE O'NEAL President		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

WESTERN AIR CONDITIONING, INC.

3800 HWY. 90 WEST
DEL RIO, TX 78840-2859
(830)775-8582 FAX (830)775-3368
TACLA002906C



CUSTOM MADE INDOOR WEATHER™

Invoice

DATE	INVOICE #
4/10/00	15293

BILL TO		JOB LOCATION	
STAGE MAINTENANCE P.O. BOX 35668 HOUSTON, TX 77235-5668		BEALLS #45 2200 AVE. F DEL RIO, TEXAS 78840 READY-TO-WEAR	
WORK TO BE PERFORMED		MODEL & SERIAL #	
		P.O. NO.	
		W000032296	
QUANTITY	DESCRIPTION	RATE	AMOUNT
1	AS PER QUOTE: REPLACED COMPRESSOR 6D5376TLBC0600M S/N: 3399XD2218 VACUUM/SOLDER LIQUID DRIER SUCTION LINE 23 LBS OF R-22	2,900.00	2,900.00T
1.5	HOURS -- ORIGINAL SERVICE CALL. TROUBLESHOOT - FOUND GROUNDED COMPRESSOR.	50.00	75.00T
	sales tax	8.25%	245.44
Total			\$3,220.44

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TACLA002906C



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Invoice

DATE	INVOICE #
4/19/00	15367

BILL TO	JOB LOCATION
STAGE MAINTENANCE P.O. BOX 35668 HOUSTON, TX 77235-5668	BEALLS #45 2200 AVE. F DEL RIO, TX 78840 MANAGER'S OFFICE
WORK TO BE PERFORMED	MODEL & SERIAL #
	P.O. NO.
	W000032296

QUANTITY	DESCRIPTION	RATE	AMOUNT
1	REFRIGERANT R-22	10.00	10.00T
1	20 X 20 X 1 PLTD FILTERS	8.50	8.50T
1	HOUR -- FOUND DIRTY FILTER; REPLACED. BLEW OUT DRAIN & CLEANED DRAIN PAN. ADDED FREON. TESTED SYSTEM; WORKING OK.	50.00	50.00T
	sales tax	8.25%	5.65
Total			\$74.15

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Invoice

DATE	INVOICE #
5/17/00	15536

BILL TO		JOB LOCATION	
STAGE MAINTENANCE P.O. BOX 35668 HOUSTON, TX 77235-5668		BEALLS #45 2200 AVE. F DEL RIO, TX 78840 MEN'S DEPARTMENT & JUNIOR'S READY-TO-WEAR	
WORK TO BE PERFORMED		MODEL & SERIAL #	
		P.O. NO.	
		SHERIDAN	
QUANTITY	DESCRIPTION	RATE	AMOUNT
12	15 X 20 X 2 PLEATED FILTERS	5.00	60.00T
36	16 X 25 X 2 PLEATED FILTERS	5.25	189.00T
2	BELTS	12.65	25.30T
1	HOUR -- 5/17: MEN'S DEPARTMENT; TIGHTENED BELT AND CHANGED FILTERS. JUNIORS DEPARTMENT HAS A COMPRESSOR OUT.	60.00	60.00T
1.5	HOURS -- 5/19: REPLACED FILTERS ON 3 OTHER UNITS & REPLACED 2 BAD FAN BELTS.	60.00	90.00T
	sales tax	8.25%	35.00
		Total	\$459.30

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Name of Creditor (The person or other entity to whom the debtor owes money or property): Western Air Conditioning Inc,		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name and address where notices should be sent: *****AUTO**3-DIGIT 788 Western Air Conditioning Inc, 3800 W Highway 90 Del Rio TX 78840-2859 		Check box if you have never received any notices from the bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor:		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		Retiree benefits as defined in 11 U.S.C. § 1114(a) Wages, salaries, and compensation (Fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
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4. Total Amount of Claim at Time Case Filed: \$ 3,753.89 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
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7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space is for Court Use Only	
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date 08/08/00	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Mike O'Neal MIKE O'NEAL President		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

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Invoice

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WORK TO BE PERFORMED	MODEL & SERIAL #
	P.O. NO. W000032296

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1.5	HOURS -- ORIGINAL SERVICE CALL TROUBLESHOOT - FOUND GROUNDED COMPRESSOR. sales tax	50.00 8.25%	75.00 245.44
		Total	\$3,220.44

WESTERN AIR CONDITIONING, INC.

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TACLA002906C

Carrier

CUSTOM MADE INDOOR WEATHER

Invoice

DATE	INVOICE #
5/17/00	15536

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	sales tax	8.25%	35.00
		Total	\$459.30